



Town of Acton
Department of Public Health
472 Main Street
Acton, MA 01720
Telephone: (978) 929-6632
Fax: (978) 929-6340

April 15, 2015

Gordon Richards
21 Maple Street
Acton, MA 01720

Mr. Richards,

Today the Acton Health Department conducted a Hazardous Materials Inspection at your property, 21 Maple Street. We knocked at your door with no response, but as you said on the phone, you said to proceed with the inspection regardless of your presence. The inspection report is enclosed with this letter. The only thing we could not find was extra speedy dry, cat litter or equivalent, which should be available in case of any spills, especially outside the bermed area. Please provide these clean up materials in a convenient location to the hazardous materials.

If you have any questions, please feel free to contact me Monday-Friday between 8AM-5PM.

Best Regards,

Evan Carloni, REHS/RS



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ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Gordon Richards Date 4/15/15
Address: 21 Maple Street
Type of Business: Foundation company
Telephone: 978-263-9195 Email: _____
Contact Person: Gordon Richards Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	✓		
Spills present		✓	
Appropriate material storage	✓		
Materials and wastes separate	✓		
Cleanup materials available		✗	Please provide speedy dry or equivalent in case of spill
Materials have secondary containment	✓		
Materials and wastes are labeled	✓		
Safety:			
Are MSDS sheets available on site	✓		
Employee personal protective equipment on site	✓		
Employees trained in Haz Mat handling	✓		
Emergency procedures posted	✓		
Site Management:			
Waste removed by licensed hauler		✓	No waste
Floor drains present in area of Haz Mat or waste		✓	
Sinks present in area of Haz Mat or waste		✓	
Testing of septic system necessary		✓	
Does site plan on file reflect current arrangement	✓		
Any UST (underground storage tank) present		✓	
If UST present, is it alarmed		✓	

Action Items:

1. Speedy dry observed spread in containment area but could not find container in case of spills outside of containment. Please provide.
2. _____
3. _____
4. _____
5. _____
6. _____

Re-inspection required? Yes ☐ No ☒

Re-inspection Date: _____

Inspector Signature

Date

Facility Representative Signature

Date

D.H.
4/17/15